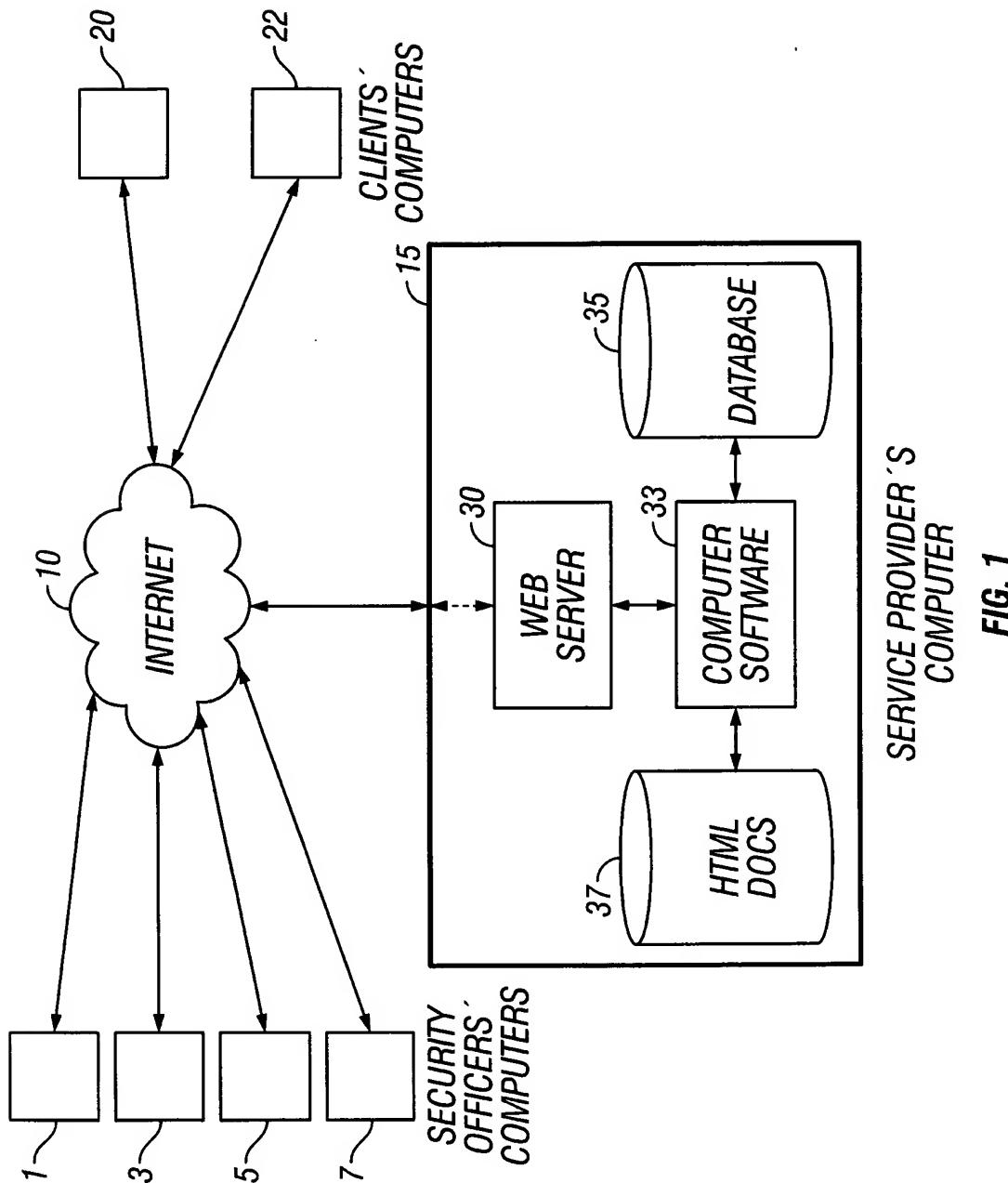




#7

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2 0 0 3 2 0 0 7 0 1 7 0 0 4 0 0 9 0 5 5

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Terrace Security Corporation
Online Applications Management Console

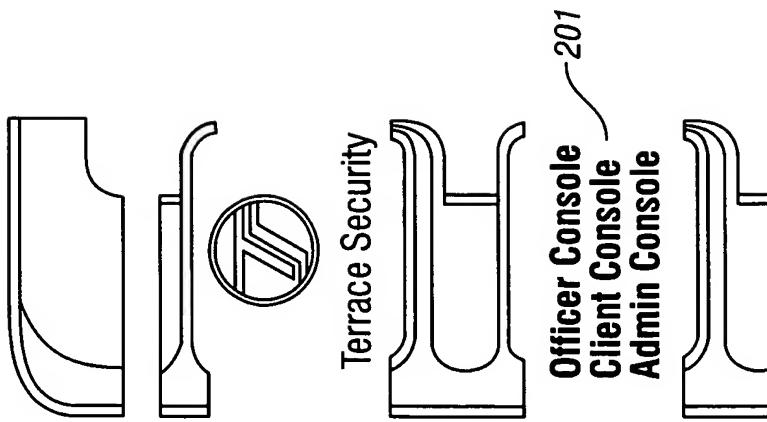


FIG. 2



301 302 303 304 305 306 307 308 309 310 311 312 313 314 315

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Terrace Security Corporation
Officer Console

Please enter your badge number and password to continue:

Badge Number
Password
 315

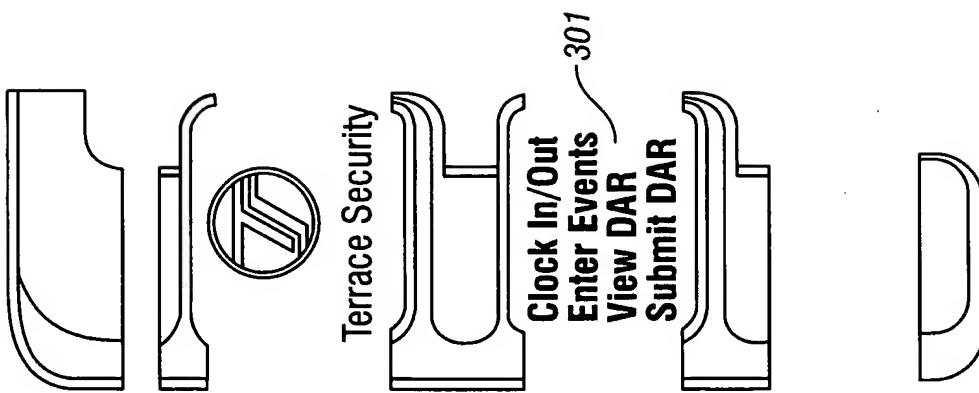


FIG. 3



40003 55782 .00000

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Terrace Security Corporation

Officer Console

Logged In: Neely, Bernard

Clock In/Out

Property 420 Time In

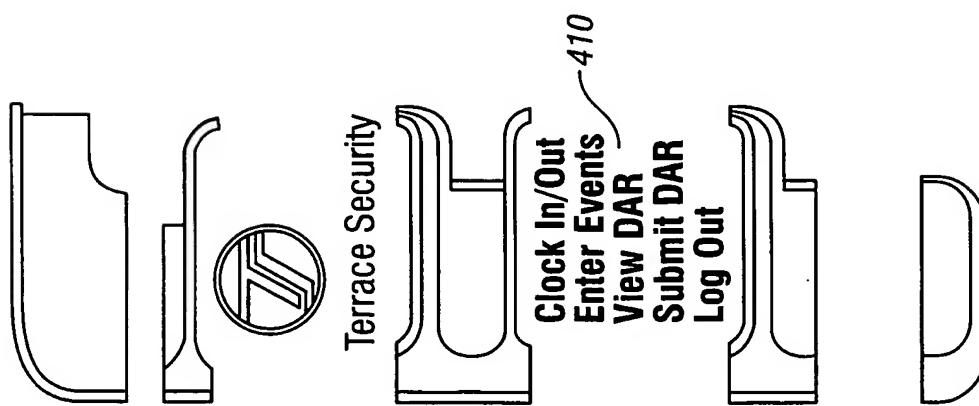
Terrace @ Willowbrook ▶

Shift Code 425 Radio Number 430

Comments 435

Clock In

FIG. 4





14 500 357 07 - 04 09 905

Terrace Security Corporation Officer Console

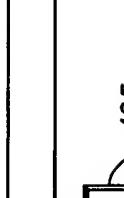
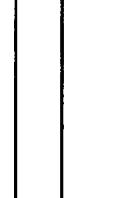
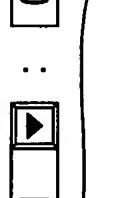
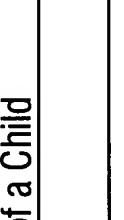
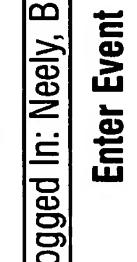
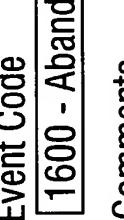
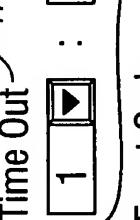
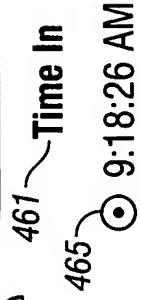
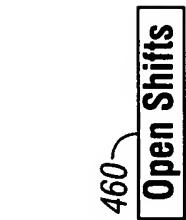
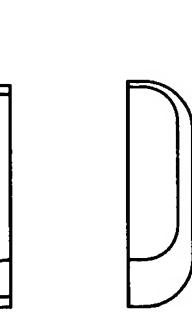
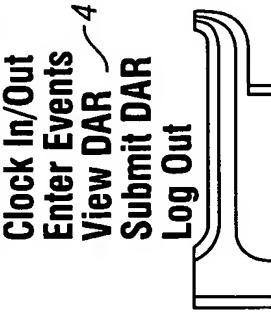
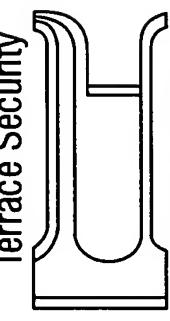
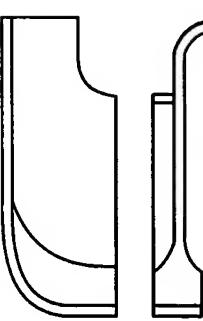


FIG. 4A

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TSEC Manager

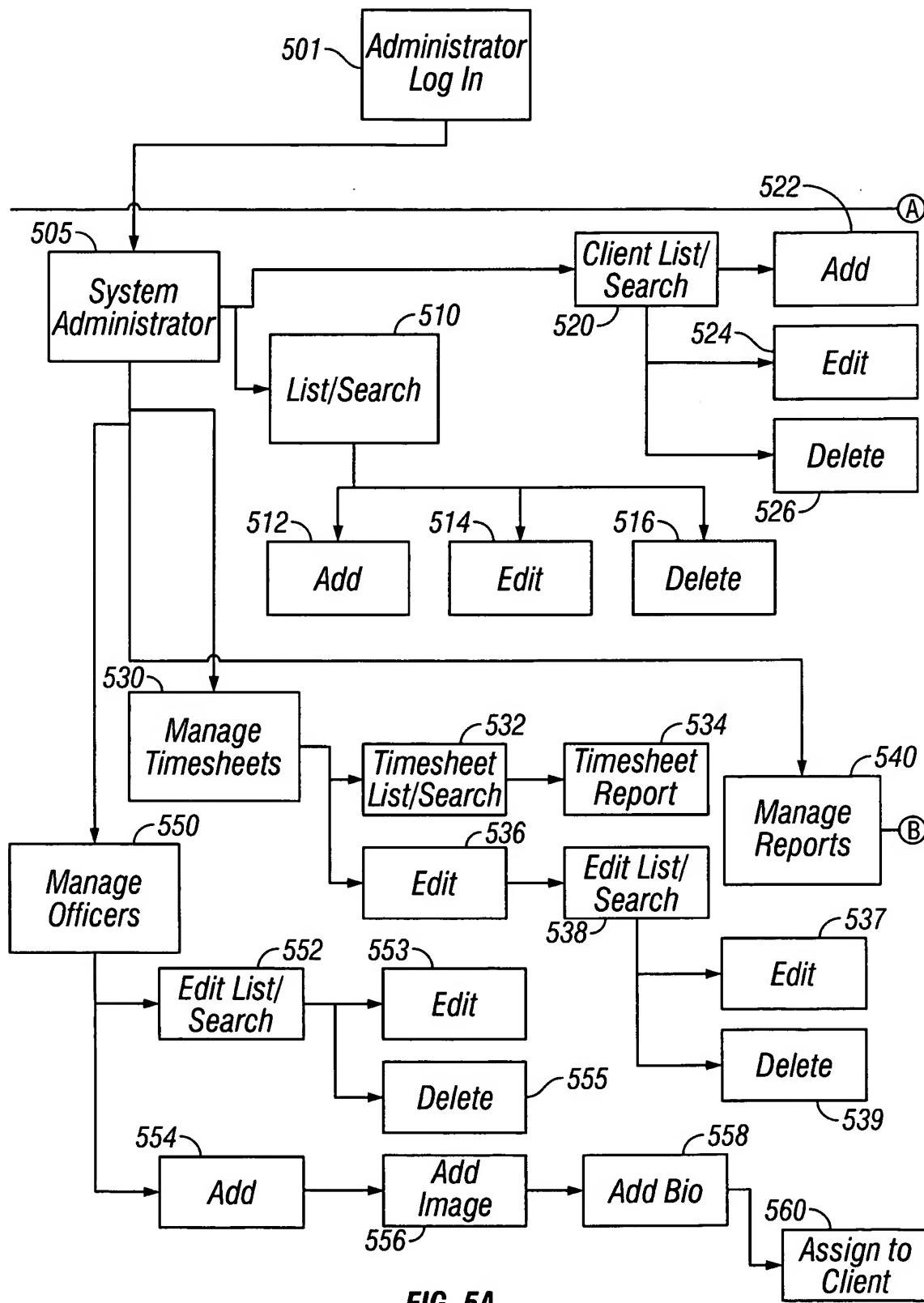


FIG. 5A



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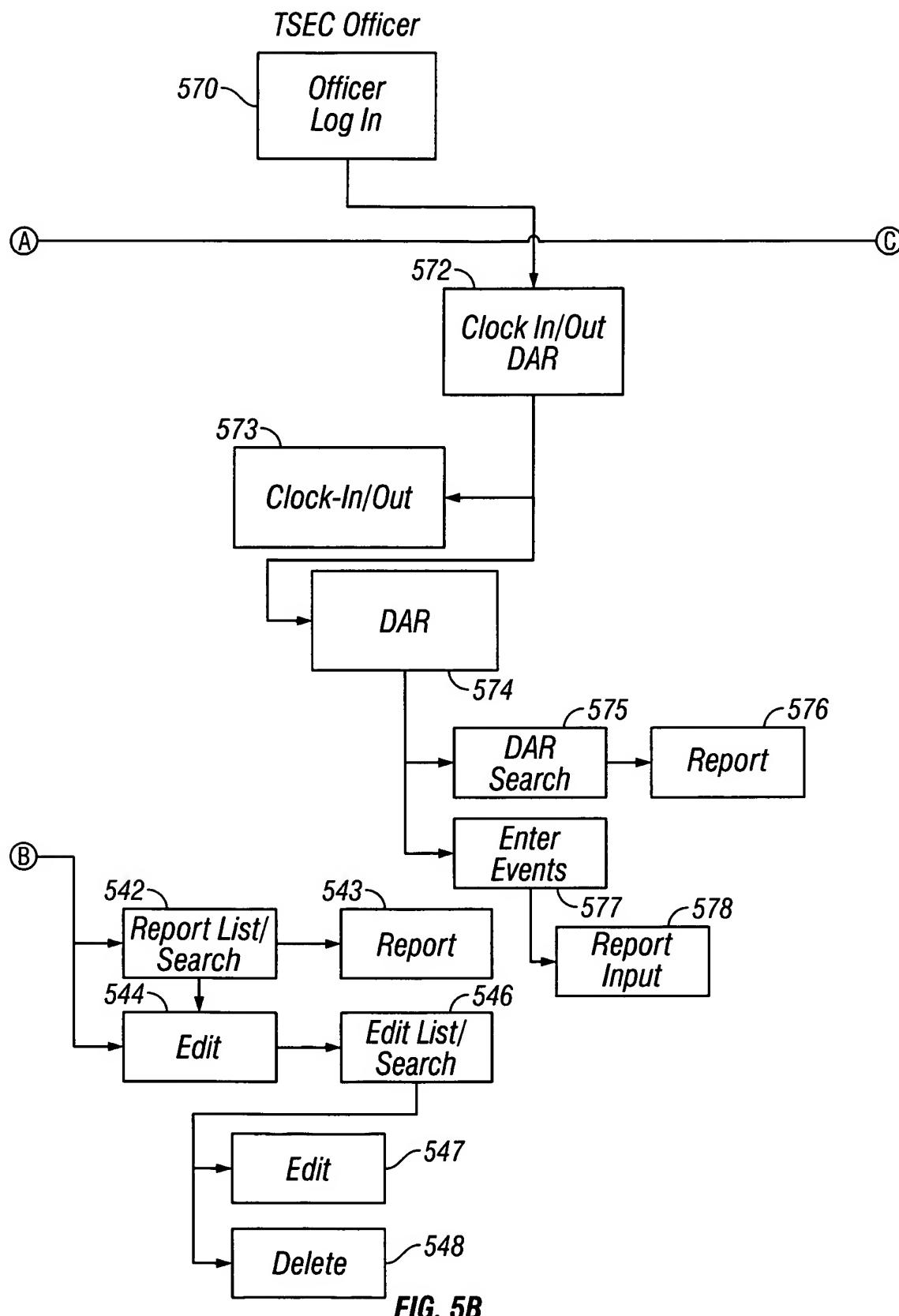


FIG. 5B



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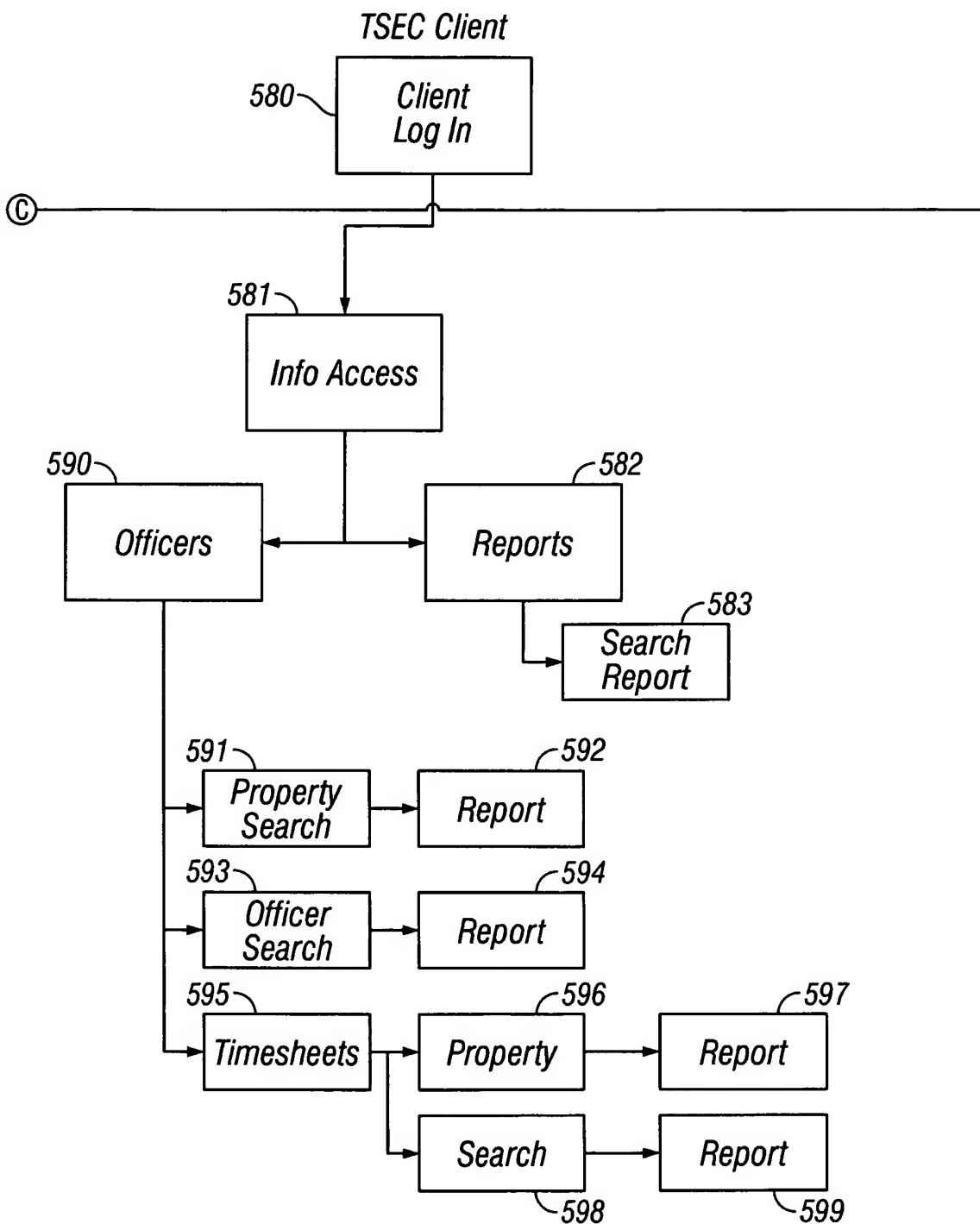
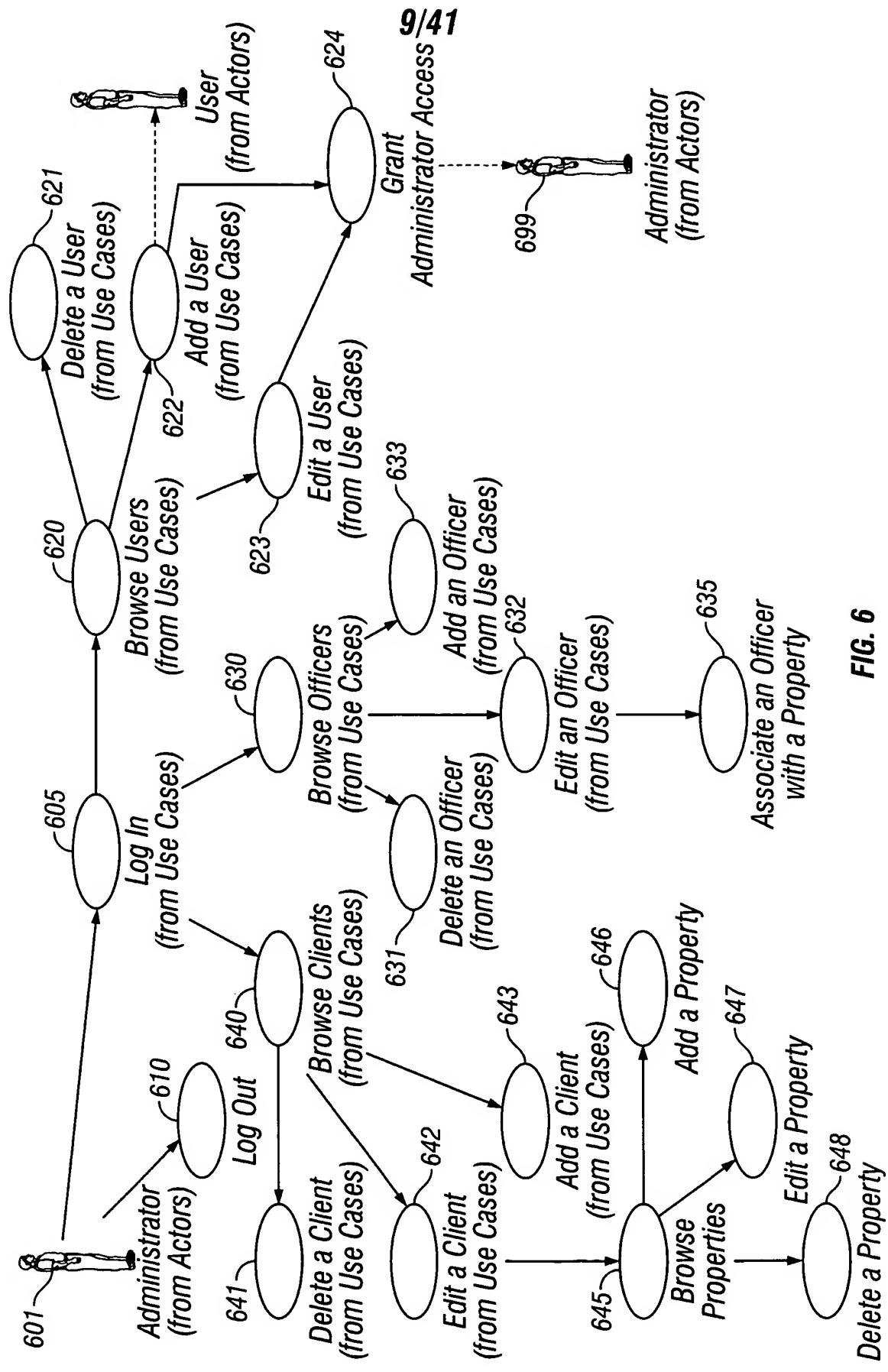


FIG. 5C





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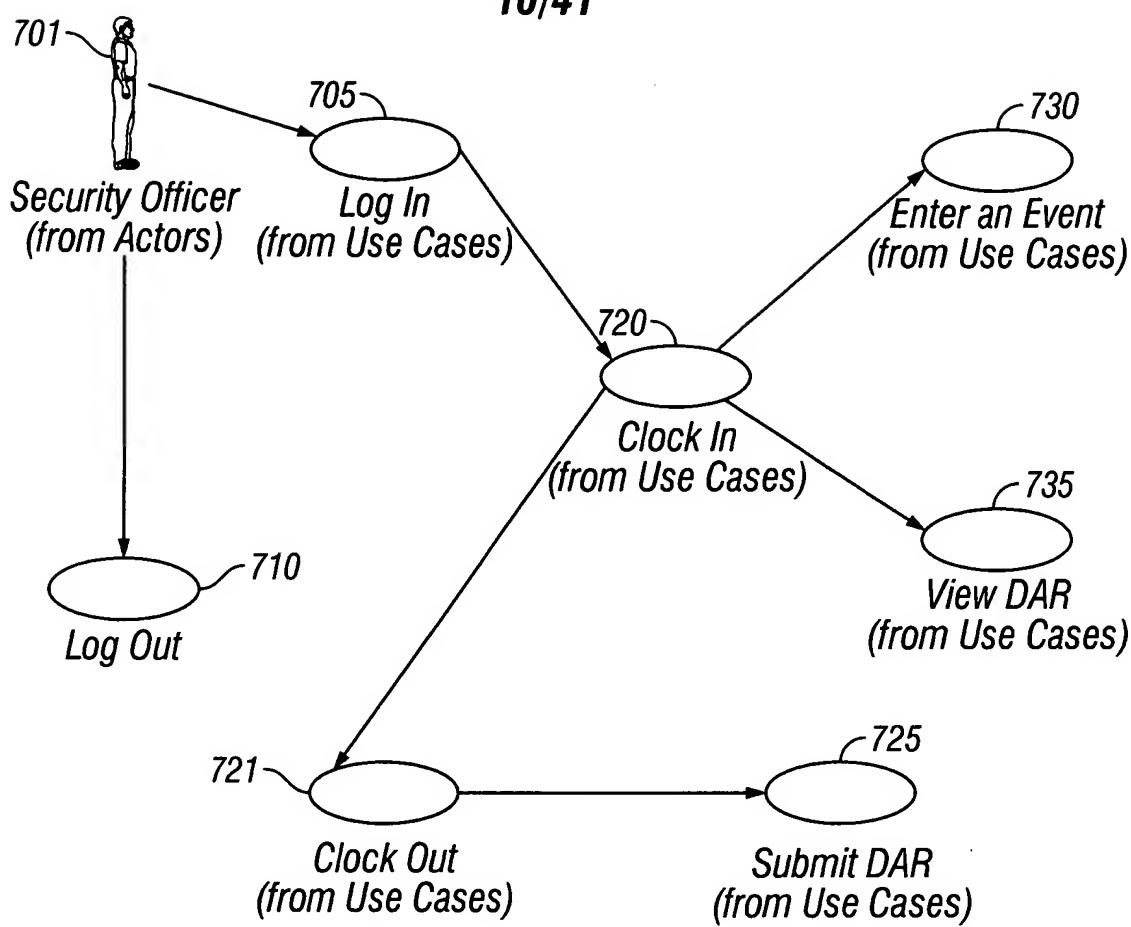


FIG. 7

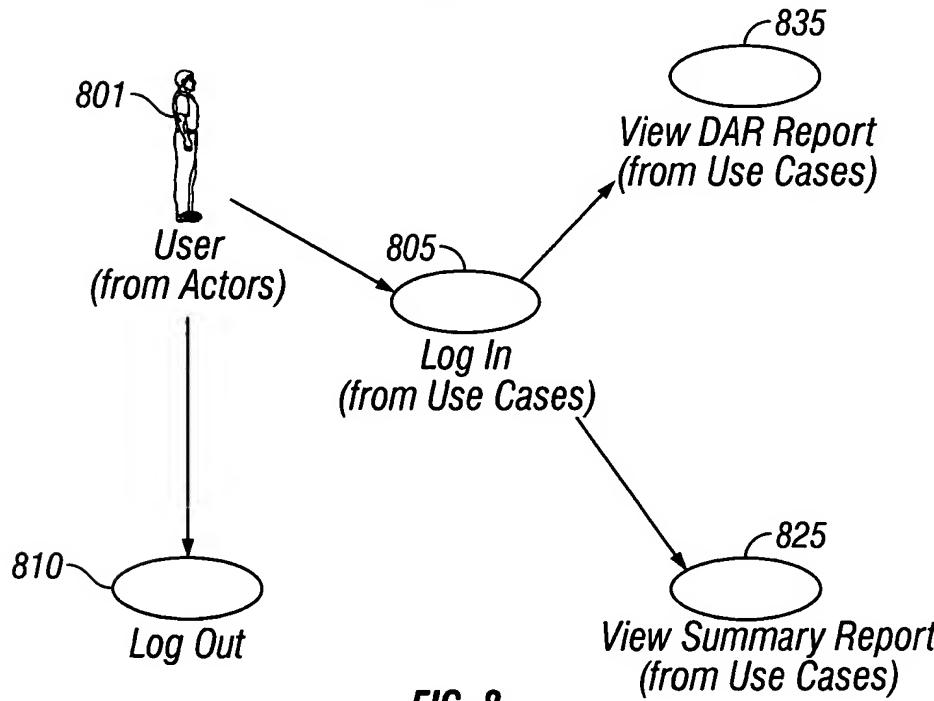


FIG. 8



872,507

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Terrace Security Corporation Online Applications Management Console

Please enter your UserID and password to continue:

User ID	<input type="text"/> 901
Password	<input type="text"/> 910
<input type="button" value="Continue"/> 920	

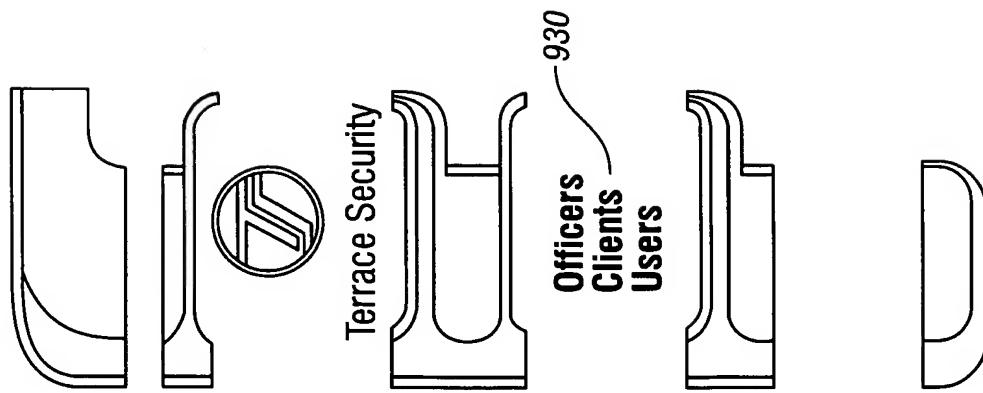


FIG. 9



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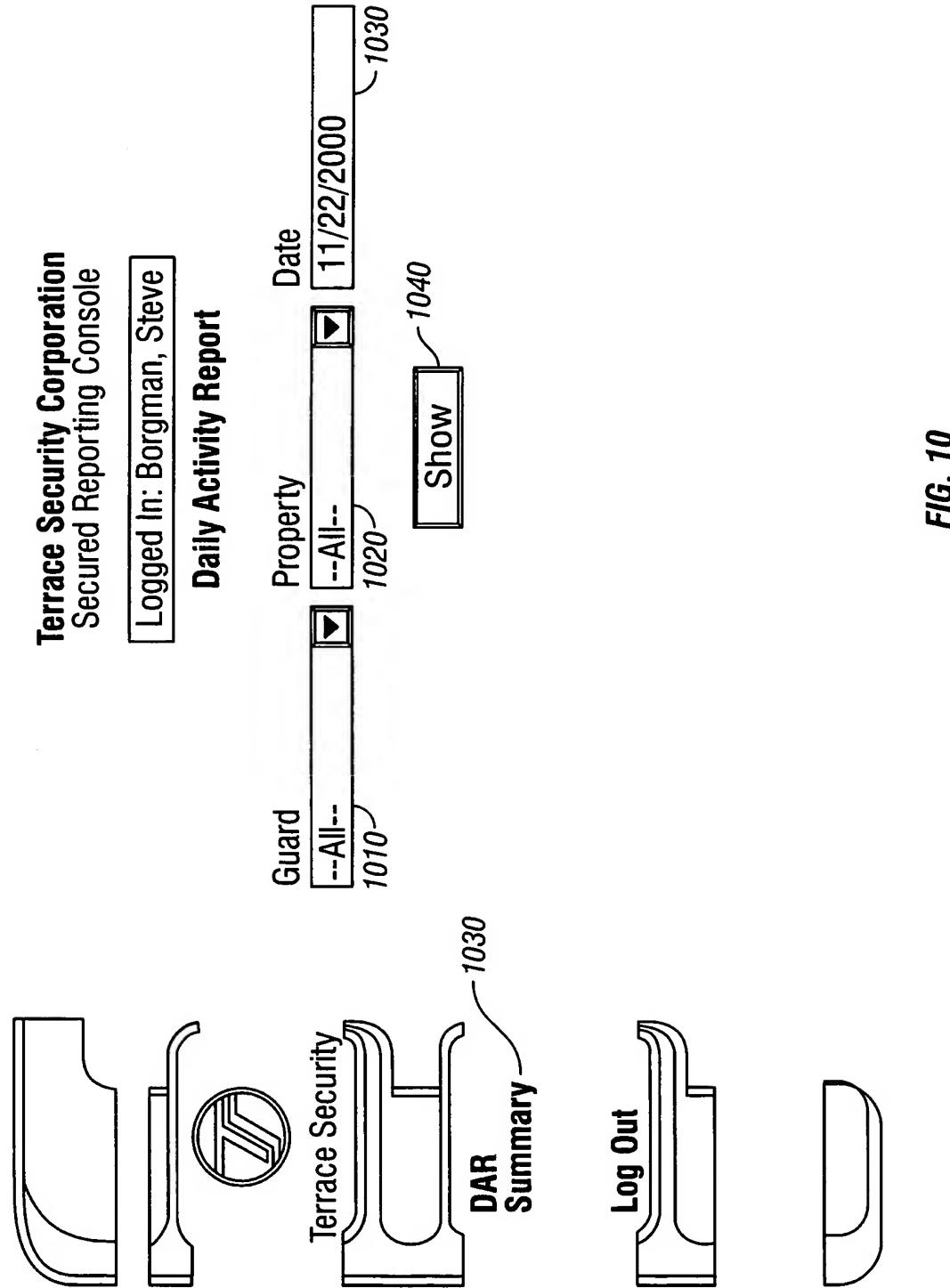
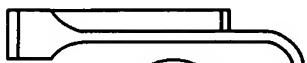
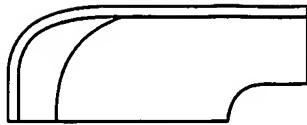


FIG. 10



JAN 09 2003

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Terrace Security Corporation

Secured Reporting Console

Logged In: Borgman, Steve

Daily Activity Report

Shift 1

Guard	Post			
Calamari, Manni	Memorial City Mall			
Time In	Time Out			
10/12/2000 12:22:12 PM	10/12/2000 12:22:26 PM			
Shift Code	Radio Number			
dg	dfg			
Comments				
dzfgdzg				
Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	2906	dfgdfg	
1:00:00 AM	1:00:00 AM	2918	sdf	

Shift 2

Guard	Post			
Calamari, Manni	Memorial City Mall			
Time In	Time Out			
10/12/2000 5:03:26 PM	10/12/2000 5:03:32 PM			
Shift Code	Radio Number			
123	123			
Comments				
123				
Time In	Time Out	Code	Comments	IF
2:00:00 AM	1:00:00 AM	2927	123	

Shift 3

Guard	Post			
Calamari, Manni	Memorial City Mall			
Time In	Time Out			
10/12/2000 5:03:51 PM	10/12/2000 5:04:54 PM			
Shift Code	Radio Number			
123	123			
Comments				
12312312312321				
Time In	Time Out	Code	Comments	IR
4:00:00 AM	3:00:00 AM	2907	123123	

FIG. 11A



20035702-01000000

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Shift 4

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 5:05:04 PM	10/12/2000 5:05:08 PM
Shift Code	Radio Number
sfe	sdf
Comments	
asdfasd	

Time In	Time Out	Code	Comments	IR
---------	----------	------	----------	----

Shift 5

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/16/2000 8:22:58 PM	11/17/2000 11:38:04 AM
Shift Code	Radio Number
Comments	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1607		
1:00:00 AM	1:00:00 AM	1601		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1604		
1:00:00 AM	1:00:00 AM	1605		

Y

Shift 6

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/17/2000 11:38:10 AM	11/17/2000 11:40:56 AM
Shift Code	Radio Number
412	234
Comments	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1615	qwe	
1:00:00 AM	1:00:00 AM	1600		

Shift 7

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/17/2000 11:41:05 AM	11/20/2000 8:01:52 AM
Shift Code	Radio Number
SDF	asf
Comments	
xsg	

Time In	Time Out	Code	Comments	IR
---------	----------	------	----------	----

FIG. 11B



6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6

JAN 8 9 2003

PATENT & TRADEMARK OFFICE

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Shift 8

Guard	Post			
Calamari, Manni	Memorial City Mall			
Time In	Time Out			
11/20/2000 8:02:02 AM	11/21/2000 3:12:03 PM			
Shift Code	Radio Number			
tewt	tet			
Comments				
asretae				
Time In	Time Out	Code	Comments	IR
2:03:00 AM	5:00:00 AM	1604	comment	Y

Shift 9

Guard	Post			
Calamari, Manni	Memorial City Mall			
Time In	Time Out			
11/21/2000 3:12:18 PM	11/21/2000 3:17:34 PM			
Shift Code	Radio Number			
wer	werwer			
Comments				
erwer				
Time In	Time Out	Code	Comments	IR
1:00:00 AM	2:00:00 AM	1610	comments	Y
5:00:00 AM	6:00:00 AM	1607	ar	Y
5:00:00 AM	6:00:00 AM	1607	ar	Y

Shift 10

Guard	Post			
Calamari, Manni	Memorial City Mall			
Time In	Time Out			
11/21/2000 3:56:21 PM	11/21/2000 4:07:48 PM			
Shift Code	Radio Number			
we	wet			
Comments				
qr				
Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1607	comment	Y
8:00:00 AM	9:00:00 AM	1604		Y
1:00:00 AM	1:00:00 AM	1605	comment goes here...	Y
1:00:00 AM	1:00:00 AM	1600		Y
1:00:00 AM	1:00:00 AM	1600		Y

Shift 11

Guard	Post			
Calamari, Manni	Memorial City Mall			
Time In	Time Out			
11/21/2000 9:09:58 PM	11/22/2000 9:20:43 AM			
Shift Code	Radio Number			
wr3	wer			
Comments				
wrwaer				
Time In	Time Out	Code	Comments	IR

FIG. 11C



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Shift 12

Guard
Calamari, Manni
Time In
10/12/2000 5:03:38 PM
Shift Code
123
Comments
123123

Post
property 1
Time Out
10/12/2000 5:03:43 PM
Radio Number
123

Time In Time Out Code Comments IR
7:00:00 AM 6:00:00 AM 2940 12312321

Shift 13

Guard
Calamari, Manni
Time In
11/22/2000 9:21:02 AM
Shift Code
1234
Comments
comment goes here

Post
property 1
Time Out
11/22/2000 9:24:03 AM
Radio Number
12345

Time In Time Out Code Comments IR
1:00:00 AM 1:00:00 AM 1601 comments for the event go here Y

FIG. 11D



Terrace Security Corporation

Online Applications Management Console

Logged In: Borgman, Steve

Officer Admin

Last Name	First Name	Badge #	Bio
<input checked="" type="radio"/> Calamari	Manni	111	Cobol Teacher
<input type="radio"/> Melancon	Robb	555	~1210
<input type="radio"/> Officer	New	999	
<input type="radio"/> Samson	Freddie	333	editree
<input type="radio"/> Wagoner	Ian	19	Me
<input type="radio"/> Whipple	Steve	222	~1230

Edit Selected Officer >>

~OR~

Add New Officer

Delete Selected Officer

FIG. 12

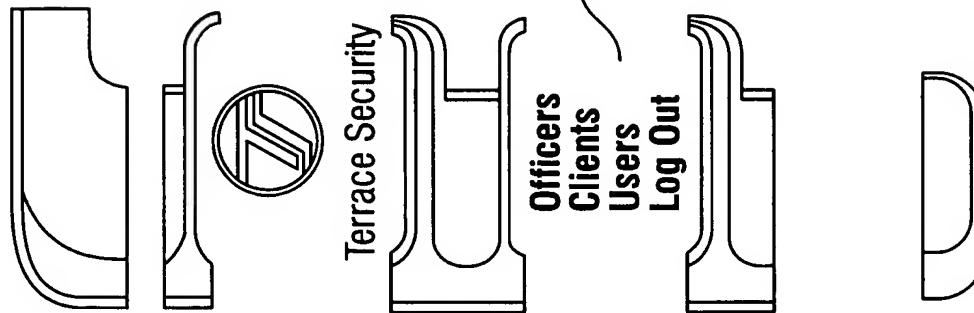


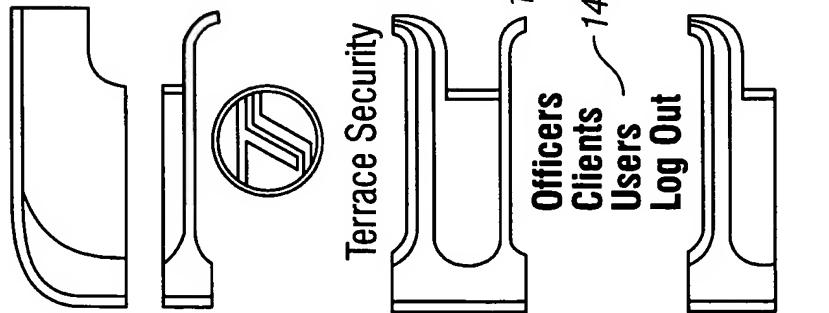
FIG. 13



Terrace Security Corporation

Online Applications Management Console

Logged In: Borgman, Steve



User Admin	Last Name	First Name	User ID	Admin
	(<input checked="" type="radio"/> Borgman	Steve	steve	Yes
	(<input type="radio"/> Hays	Wayne	wayne	Yes
	(<input type="radio"/> Madison	Carmen	carm	Yes
1410	(<input type="radio"/> Marcis	Doug	doug	Yes
	(<input type="radio"/> Michaels	Bob	bob	Yes
	(<input type="radio"/> Vanderbilt	Arthur	arthur	Yes
	(<input type="radio"/> Waggoner	Ian	ian	Yes
			1420	1430

Delete Selected User

Edit Selected User >>

~OR~

Add New User

FIG. 14



Terrace Security Corporation
Officer Console

Logged In: Neely, Bernard

Incident Report

TSC Case #
8

HPD Case #
[REDACTED]

Incident Code/Type
1605 - Aggravated Robbery
Location
[REDACTED]

Date/Time Reported

12 [REDACTED] / 30 [REDACTED] / 2000 [REDACTED] 12 [REDACTED] : 00 [REDACTED] [REDACTED] AM [REDACTED] PM

Date/Time Occurred

12 [REDACTED] / 30 [REDACTED] / 2000 [REDACTED] 12 [REDACTED] : 00 [REDACTED] [REDACTED] AM [REDACTED] PM

HFD Unit #
[REDACTED]

What Hospital
[REDACTED]

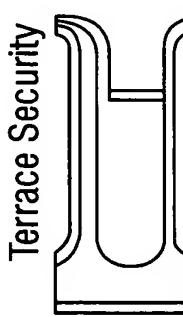
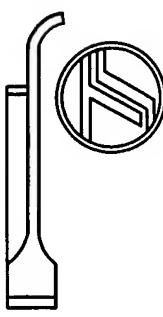
Paramedic's Name
[REDACTED]

Identifying Information #1
Last Name
[REDACTED]

MI
[REDACTED]

First Name
[REDACTED]

FIG. 15A



Clock In/Out

Enter Events

View DAR

Submit DAR

Log Out





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Residence Phone [REDACTED]	Business Phone [REDACTED]	DOB 12 [REDACTED] / 30 [REDACTED] / 2000 [REDACTED]		
Address [REDACTED]	SSN [REDACTED]	DL [REDACTED]		
Employer [REDACTED]	Department/Property [REDACTED]			
Suspect is Minor <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No	Parent/Guardian Notified <input type="radio"/> SU <input checked="" type="radio"/> C <input type="radio"/> W	By Whom [REDACTED]	Name of Notified [REDACTED]	Time 12 [REDACTED] : 00 [REDACTED] AM [REDACTED] PM [REDACTED]
Identifying Information #2		Last Name [REDACTED]	First Name [REDACTED]	MI [REDACTED]
Residence Phone [REDACTED]		Business Phone [REDACTED]	DOB 12 [REDACTED] / 30 [REDACTED] / 2000 [REDACTED]	
Address [REDACTED]		SSN [REDACTED]	DL [REDACTED]	

FIG. 15B



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Employer [Redacted]	Department/Property [Redacted]			
Suspect is Minor <input type="radio"/> Yes <input checked="" type="radio"/> No	Parent/Guardian Notified <input type="radio"/> Yes <input checked="" type="radio"/> No	By Whom [Redacted]	Name of Notified [Redacted]	Time 12 [Redacted] : 00 [Redacted] ▶ AM <input checked="" type="radio"/> PM
<hr/>				
Identifying Information #3		Last Name [Redacted]	First Name [Redacted]	M [Redacted]
Residence Phone [Redacted]		Business Phone [Redacted]	DOB 12 [Redacted] / 30 [Redacted] / 2000 [Redacted] ▶	DL [Redacted]
Address [Redacted]		SSN [Redacted]	Department/Property [Redacted]	Employer [Redacted]

FIG. 15C



01 P E
JAN 09 2003
PATENT & TRADEMARK OFFICE U.S.A.

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Suspect is Minor	<input checked="" type="radio"/>	<input type="radio"/>	Parent/Guardian Notified	<input type="radio"/>	<input checked="" type="radio"/>	By Whom	<input type="radio"/>	Name of Notified	<input type="radio"/>	Time		
Yes	No	Yes	No									
<hr/>						12	<input checked="" type="checkbox"/>	: 00	<input checked="" type="checkbox"/>	AM	<input checked="" type="radio"/>	PM
<hr/>						Vehicle Info #3						
<hr/>						<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	W		
<hr/>						SU	C					
<hr/>						Year	Towed					
<hr/>						<input type="checkbox"/>	<input type="radio"/>	<input checked="" type="radio"/>	Yes	No		
<hr/>						Make	<input type="text"/>					
<hr/>						Model	<input type="text"/>					
<hr/>						Color	<input type="text"/>					
<hr/>						License Plate #	<input type="text"/>					
<hr/>						VIN	<input type="text"/>					
<hr/>						Vehicle Info #2						
<hr/>						<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	W		
<hr/>						SU	C					
<hr/>						Year	Towed					
<hr/>						<input type="checkbox"/>	<input type="radio"/>	<input checked="" type="radio"/>	Yes	No		
<hr/>						Make	<input type="text"/>					
<hr/>						Model	<input type="text"/>					
<hr/>						Color	<input type="text"/>					
<hr/>						License Plate #	<input type="text"/>					
<hr/>						VIN	<input type="text"/>					
<hr/>						Vehicle Info #1						
<hr/>						<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	W		
<hr/>						SU	C					
<hr/>						Year	Towed					
<hr/>						<input type="checkbox"/>	<input type="radio"/>	<input checked="" type="radio"/>	Yes	No		
<hr/>						Make	<input type="text"/>					
<hr/>						Model	<input type="text"/>					
<hr/>						Color	<input type="text"/>					
<hr/>						License Plate #	<input type="text"/>					
<hr/>						VIN	<input type="text"/>					

FIG. 15D



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

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NARRATIVE

Write a summary of the incident, answering the questions Who, What, When, Where & Why.

[Large rectangular text area with scroll arrows at the top.]

FOLLOW-UP

Date

12 / 30 / 2000 12 : 00 00 AM PM

Time

By Whom

[Large rectangular text area with scroll arrows at the top.]

submit

FIG. 15E





Terrace Security Corporation
Officer Console

Incident Investigation Report

TSC Case #

I. General Information

Date of Incident: / / 2000 Time of Incident: : 01 am pm

Day of Week: Monday

Date Reported to You: / / 2000 Time Reported to You: 01 : 01 am pm

By Whom:

Property Name & Location:

Specific Location of Incident:

(describe all identifying factors of exact place of incident:
measurements, directions, etc.)

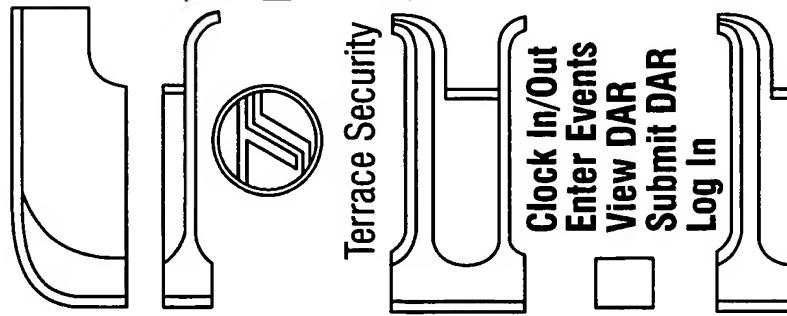


FIG. 16A



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II. THE COMPLAINTANT - Check one: Tenant Visitor Contractor Employee:
Complete Sections I, II, VII & IX

Last Name: First Name: Male Female
Address:
SSN:

City: State: Zip: Phone #: ()
Physical Disabilities:

Age: Height: ' '' Weight:

Pregnant? Yes No If yes, how many months 1

Does Complainant wear glasses? Yes No If yes, what kind
Place of Employment:
Address:

City: State: Zip: Phone #: ()

FIG. 16B



27/41

Driver's License # State: Date of Expiration:
 / / / / /

Vehicle Description: License Plate #: State:

Vehicle Insurance? Yes No Insurance Company:
Policy # Policy Holder:

III. FIRST AID (Treatment Rendered to stabilize Complainant)

Offered Not Offered - why?
 Offer Declined
 Taken to Hospital
By whom; why?
Hospital Name?

Taken by: Ambulance HFD Unit # Paramedic's Name

FIG. 16C



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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<input type="checkbox"/> Self	<input type="checkbox"/> Other, Explain: _____
Taken at Whose Request? <input type="checkbox"/> Complainant <input type="checkbox"/> Other, Explain: _____	
Emergency Contact Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Name of Contact: _____	

IV. CONDITION OF THE COMPLAINANT (For SLIP/FALL INCIDENT Only)

A. BEFORE the Incident

Carrying anything? Yes No If yes, what was being carried?

B. AFTER the Incident

Describe any visible injury or damage to clothing

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Complainant's description of any injury and where on their body it's located _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
--	---	--

FIG. 16D



מִתְּבָרֶךְ יְהוָה אֱלֹהֵינוּ וְאֶת נַשְׁמָתָנוּ תָּמִיד בְּרוּךְ הוּא

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Describe Complainant's reaction to the incident	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Describe shoes worn by Complainant	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Sole materials: <input type="radio"/> Leather <input type="radio"/> Rubber <input type="radio"/> Vinyl <input type="radio"/> Wood <input type="radio"/> Other-describe	<input type="text"/>	
Describe heels (height, material, condition):	<input type="text"/>	
Overall condition of shoes: <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Poor	<input type="text"/>	
V. INCIDENT INVOLVING MINORS		
Was the minor accompanied by anyone at the time of the incident? <input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	
Relationship to Minor	<input type="text"/>	

FIGURE 16F



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If unaccompanied, was someone responsible for the minor? Yes No If yes, who?

Relationship to Minor

Where was this person at the time of the incident?

VI. INCIDENT DESCRIPTION

Complainant's detailed description of how the incident occurred (what does the Complainant feel caused the incident?). If the Complainant is unable to tell you what happened, reconstruct as much as you can from physical evidence or witnesses-do not assume any facts about the incident.

A. Description of the Incident Site

1. Type of Walkway:

Floor Stairway Ramp Street Escalator Parking Lot Other-describe

2. Surface material:

FIG. 16F



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41

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Carpet Vinyl tile Ceramic tile Terrazo Marble Quarry Tile Rug
 Grass Concrete Asphalt Gravel Metal Dirt Other-describe

3. Foreign substance present? (Soda, water, ice, snow, etc.) Yes No

What does substance appear to be?

Describe substance: Color

Odor

Amount

Spill pattern

Describe: Texture

FIG. 16G



14 00 02 05 27 03 27 00 00 00 00 00

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(oily, gritty, bubbly, etc.) Consistency (melted, crushed, solid, etc.)

4. Skid/streak marks Yes No Substance on shoes or clothing Yes No

How did substance come to be on the floor?

5. Any other object involved? Yes No If yes, describe object/composition

Location of object

Reason for location of object

Anything unusual about object?

(broken, unstable, not in usual place, etc.)

B. Unusual Surface Conditions Present? Yes No If yes, describe nature of condition

FIG. 16H



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Dimensions Debris present? Yes No If yes, describe _____

Debris present? Yes No If yes, describe

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Dimensions

C. Lighting Conditions

1. O Natural O Artificial-describe

(type of bulb, etc.)

2. Does the complainant feel that lighting was a contributing factor in causing the incident?

Yes No If yes, explain

D. Weather Conditions

Describe outdoor weather even if incident was inside

(cloudy, sunny, snowing, raining, etc.)

VII. PHOTOGRAPHS

Were photos taken? Yes No How many?

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By whom?	
Date & Time Taken	
Where are photos stored?	

VIII. WITNESSES

Ask the following questions to each person at or near the incident scene. Include all people who might have seen the complainant or the scene shortly before, during or just after the incident.

A. Name _____ Address _____

State _____

Zip

Phone#

What was this person's involvement with the incident?

FIG. 16.1



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His/her location at the time of the incident?

[Redacted]

Describe in detail exactly what he/she said

[Redacted]

Describe any conversation this Witness had with the Complainant

[Redacted]

B.
Name [Redacted]
[Redacted]

City [Redacted]
State [Redacted]
[Redacted]

FIG. 16K



00025702 010000

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Zip

Phone#

What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said

Describe any conversation this Witness had with the Complainant

FIG. 16L



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

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C. Name Address

City State

Zip

Phone#

What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said

A large rectangular input field with a border. In the top right corner are four small square buttons with black symbols: a left arrow, a right arrow, an up arrow, and a down arrow. In the bottom right corner is a single small square button with a downward arrow.

FIG. 16M



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Describe any conversation this Witness had with the Complainant

IX. EMPLOYEE INCIDENT

Department

Title

Supervisor

Type of incident: Injury Vehicle Property Damage

Type of injury

FIG. 16N



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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Terrace Security Corporation
Secured Reporting Console

Please enter your UserID and password to continue:

UserID 1720
Password 1730
Continue 1740

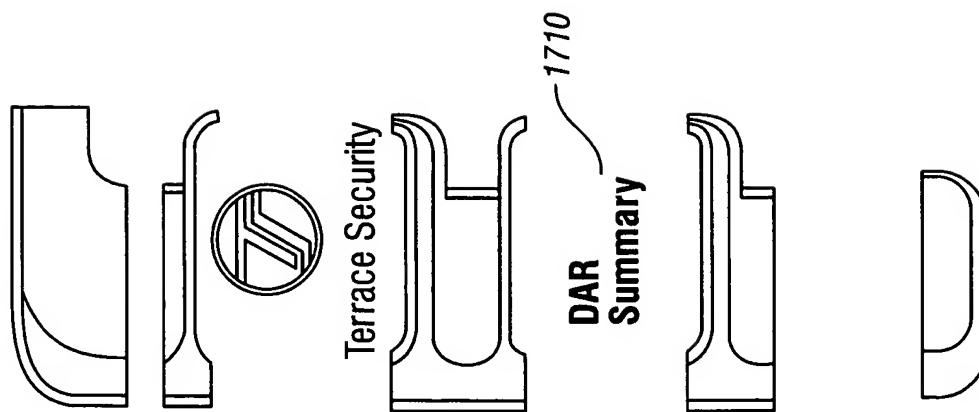
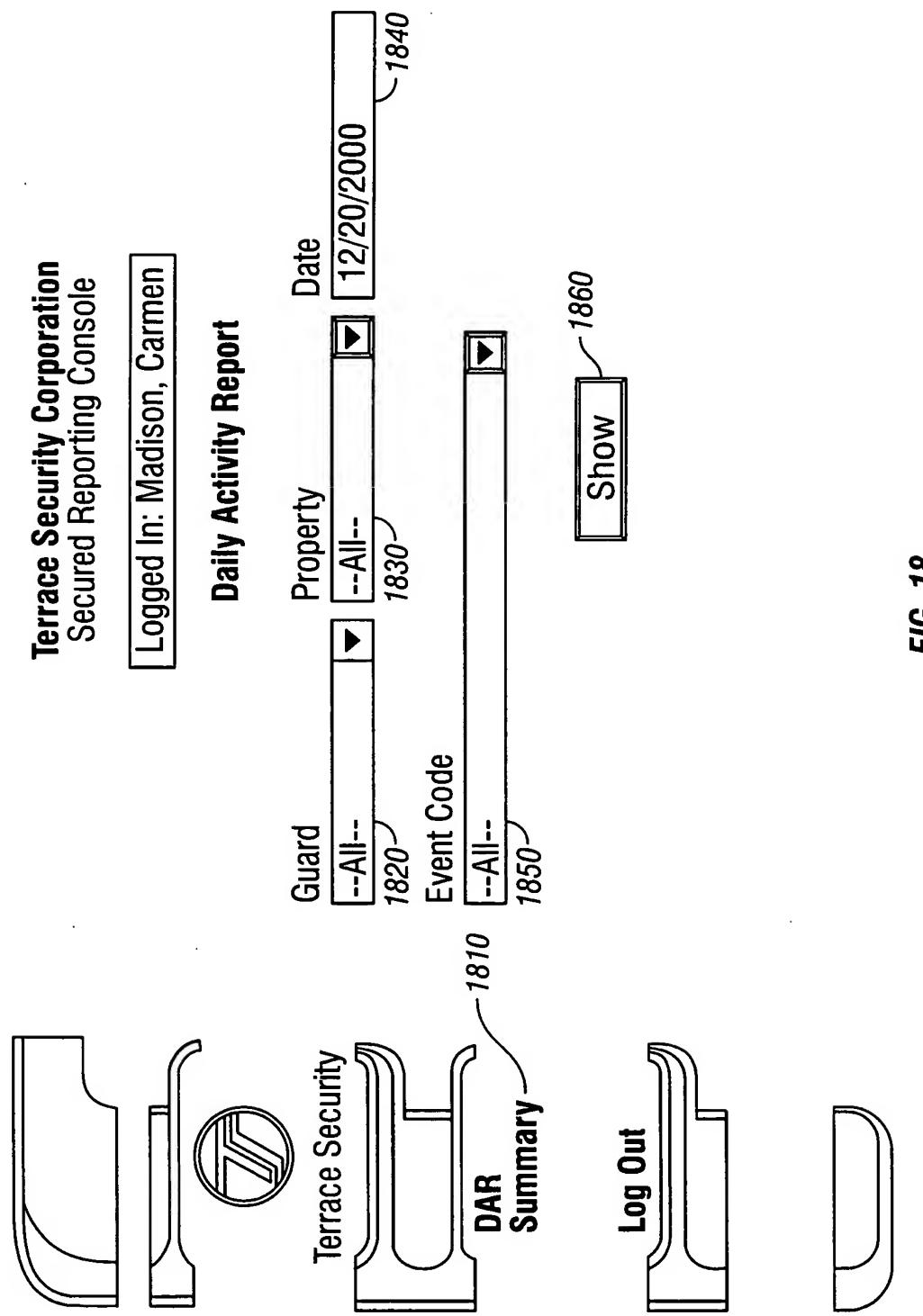


FIG. 17



11 0 0 2 2 5 2 7 0 2 7 0 1 0 0 0 2

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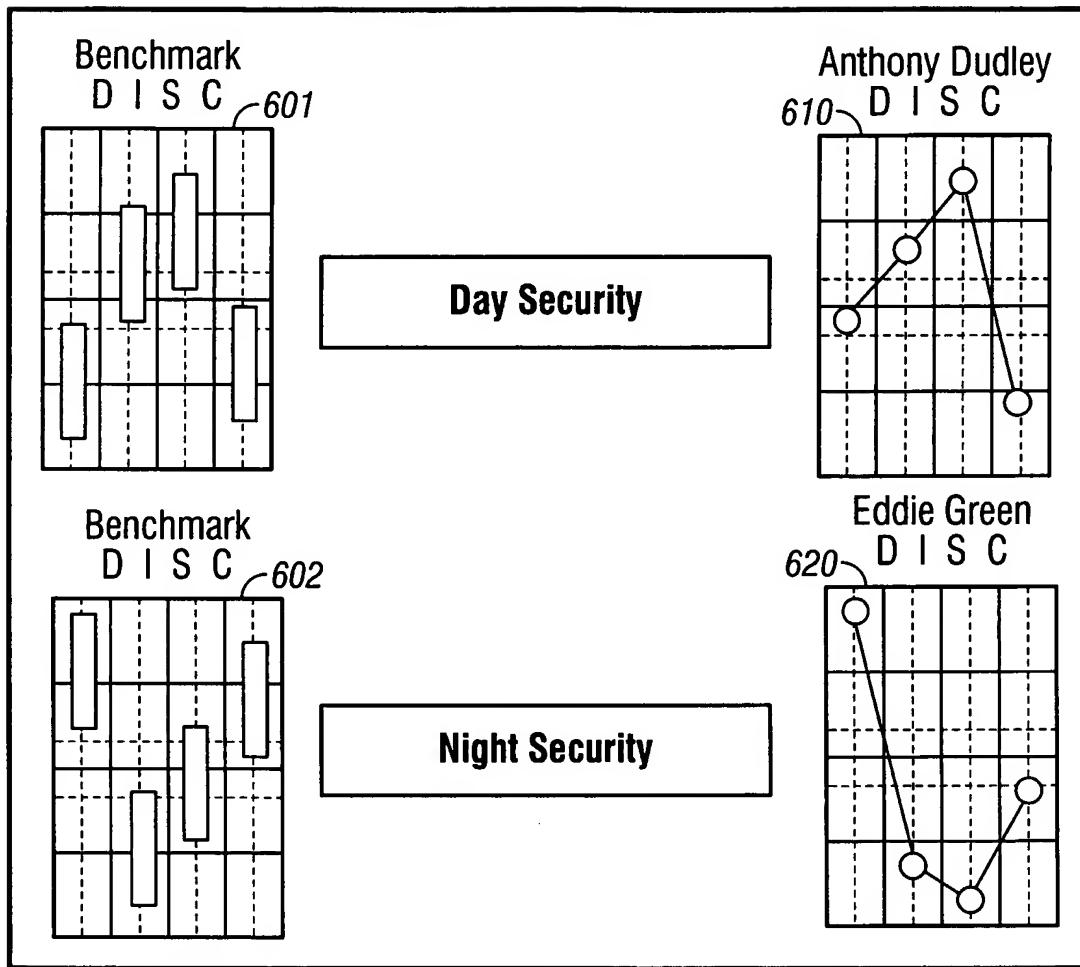


FIG. 19